

TENANT INCOME CERTIFICATION



Project Name	MSHDA Project No.	LIHTC Project No.
Household Name	Unit Number	Effective Date of Cert
Building Address	Building Identification Number	

TYPE OF TRANSACTION (check one box only)

- ☐ **INITIAL Certification / New Move-In**
☐ **INTERIM Recert.**
☐ **ANNUAL Recert.**
- ☐ **Cert Correction** (Explanation: _____)
 ☐ **Program Change**, from _____ to _____
- ☐ **Unit Transfer Within Same Building**
 Moved out of Unit # _____ on _____ and into Unit # _____ on _____
- ☐ **Unit Transfer To A Different Building Within Project** *(For LIHTC projects, a unit "transfer" to different building must be treated the same as a new move-in and an initial cert must be completed.)*
- ☐ **Other** (Describe: _____)
 ☐ **MOVE-OUT** (Date: _____)

HEAD OF HOUSEHOLD

- a. Race of Head of Household (Enter Code Number from list below):** _____
 1-Caucasian 2-Black 3-American Indian 4-Asian 5-Hispanic 6-Multiracial 9-Other, _____
- b. Marital Status of HEAD (Enter Code Number from List below):** _____
 1-Married 2-Single 3-Widow(er) 4-Divorced 5-Separated 9-Not Reported
- c. Number of Dependents:** _____

Information about HOUSEHOLD COMPOSITION

Member #	Last Name	First Name	Elderly?	Handicapped?	Disabled?	Gender (Male or Female)
1-Head						
2						
3						
4						
5						
6						
7						

Information about Tenant's RENT

- a. Check one box only:**
☐ Rent-Regulated
 ☐ Unregulated Rent
- b. If rent-assisted, indicate type:**
☐ MSHDA Subsidy
 ☐ Section 8 Tenant-Based Voucher
 ☐ Other, _____

TENANT INCOME CERTIFICATION

☐ Initial Certification
 ☐ Recertification
 ☐ Other _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Add totals from (A) through (D), above

TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate		
If over \$5000 \$ _____ X		2.00%	= (J) Imputed Income	\$ _____
Enter the greater of the total of column I, or J: imputed income				TOTAL INCOME FROM ASSETS (K) \$

(L) Total Annual Household Income from all Sources [Add (E) + (K)] \$

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITYTOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES:
From item (L) on page 1

\$

Household Meets
Income Restriction
at:

- ☐
- 60%
- ☐
- 50%
-
- ☐
- 40%
- ☐
- 30%
-
- ☐
- _____%

RECERTIFICATION ONLY:

Current Income Limit x 140%:

\$

Household Income exceeds 140%
at recertification:☐ Yes ☐ No

Current Income Limit per Family Size: \$

Move-in: Household Income at \$

Household Size at Move-in: _____

PART VI. RENTTenant Paid Rent \$
Utility Allowance \$

Rent Assistance: \$

Other non-optional charges:
\$GROSS RENT FOR UNIT:
(Tenant paid rent plus Utility Allowance &
other non-optional charges) \$

Unit Meets Rent Restriction at:

- ☐
- 60%
- ☐
- 50%
- ☐
- 40%
- ☐
- 30%
- ☐
- _____%

Maximum Rent Limit for this unit: \$

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ yes ☐ noIf yes, Enter student explanation*
(also attach documentation)Enter
r 1-4

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent
child
- 4 Married/joint return

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit ☐

See Part V above.

b. HOME ☐

Income Status

- ☐
- ≤ 50% AMGI
-
- ☐
- ≤ 60% AMGI
-
- ☐
- ≤ 80% AMGI
-
- ☐
- OI**

c. Tax Exempt ☐

Income Status

- ☐
- 50% AMGI
-
- ☐
- 60% AMGI
-
- ☐
- 80% AMGI
-
- ☐
- OI**

d. Taxable Bond ☐

Income Status

- ☐
- 50% AMGI
-
- ☐
- 80% AMGI
-
- ☐
- OI**

e. _____ ☐
(Name of Program)

Income Status

- ☐
- _____
-
- ☐
- _____
-
- ☐
- OI**

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE